

Return Forms to Activity Center!

For 1st-5th graders!

City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

Half-Day Hoopla to the Movies Wednesday, Nov. 11, 2015

12:55-5:30pm



Leaves from Summit Hall Elementary School (SHES), but all are welcome!

Pick up at Activity Center at Bohrer Park by 5:30pm

***NOTE: we will leave SHES at 2:00pm for the field trip**

**** Parents are required to provide transportation to SHES and from Bohrer Park**

Summit Hall ES is located at 101 West Deer Park Rd in Gaithersburg

Cost
\$11 Res.
\$16 Nonres.

- Join us to watch a Movie at the Kentlands Theatre.
- Registration is limited to the first 60 participants
- Please make sure your child has eaten lunch BEFORE program. They may bring money for theatre snacks.
- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

Movie TBA, may be rated PG



Questions? Contact Sydney Stasch at 301-258-6350 ext.126 or sstasch@gaithersburgmd.gov

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, **or register online at** www.gaithersburgmd.gov/recxpress Checks made payable to the City of Gaithersburg. Visa, MasterCard, American Express and Discover cards accepted.

The Movies Registration Form

Activity # 42463

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
Example: Colin Ryan	M	09/02/07	The Movies	42463	SHES	3	SHES	\$\$
			The Movies	42463	SHES			\$\$
			The Movies	42463	SHES			\$\$

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list: ☐ Y ☐ N

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made 2 weeks prior to the start of the program. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC/AMEX/Disc# _____ Exp. Date ____/____

Signature (name on card) _____

Print Name _____

Office Use Only: # 42463

Rec'd: _____ Initials _____

W M F Resident: Y N

Pr: _____ Date _____

